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|--|------------------------|-------------------|
| Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/646,308 |
| | Filing Date | August 21, 2003 |
| | First Named Inventor | Paul B. J. Burton |
| | Art Unit | 1646 |
| | Examiner Name | JIANG, Dong |
| | Attorney Docket Number | 3432-US-NP |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____

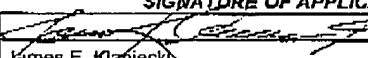
2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. **Fees**


- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, in Deposit Account No. 08-0089
- a. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- ☐

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-------------------|---|------------------|-------------|
| Signature |  | Date | May 9, 2011 |
| Name (Print/Type) | James E. Klarnicki | Registration No. | 38,207 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

| | | | |
|-------------------|---|------|-------------|
| Signature |  | Date | May 9, 2011 |
| Name (Print/Type) | DeDe Lindholm | | |


05/10/2011 HMARZ11 00000011 090089 10646308

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Sate Ref: 00000010 DAH: 500967 11005266
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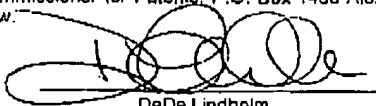
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|--|--|------------------------|---|---------------------------------------|-------------|--------------------------|
| FEE AUTHORIZATION / AMENDMENT TRANSMITTAL | | | | Attorney's Docket No: 3432-US-NP | | |
| Serial No. 10/646,308 | Filing Date August 21, 2003 | Examiner Dong Jiang | Group Art Unit 1646 | | | |
| In Re Application of: Paul B. J. Burton and Theresa A. Deisher | | | | | | |
| For: COMPOSITIONS AND METHODS FOR TREATING CARDIOVASCULAR DISEASE | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | |
| <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00) | | | | | | |
| <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. | | | | | | |
| <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) Claims remaining After amendment | (3) | (4) Highest number Previously paid for | (5) No. of Extra claims present | (6) Rate | (7) Additional Fee |
| Total Claims | | Minus | = | 0 | x \$52 | = \$ 0.00 |
| Indep. Claims | | Minus | = | 0 | x \$220 | = \$ 0.00 |
| <input type="checkbox"/> First Appearance of a multiple dependent claim | | | | | + \$390 | = \$ 0.00 |
| Total Additional Fee for this Amendment | | | | | | \$ 0.00 |
| * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1. of a prior amendment or the number of claims originally filed. | | | | | | |
| <input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers. <input checked="" type="checkbox"/> Other: Request for Continued Examination (RCE) (\$810.00). <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,920.00. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089. | | | | | | |
| Please Send Future Correspondence To: 22932 Immunex Corporation. Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000 | | | | | | |
| <div style="text-align: right;">  James E. Klaniacki Attorney/Agent for Applicant(s) Registration No.: 38,207 Phone: (206) 265-7145 Date: May 9, 2011 </div> | | | | | | |

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date appearing below.

May 9, 2011
Date


DeDe Lindholm